

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR OR SHIMKETS

APPLICATION IDENTIFIER:

FOR:

**METHODS FOR DIAGNOSING AND TREATMENT OF
CONDITIONS THAT ALTER PHOSPHATE TRANSPORT
IN MAMMALS**



Mail Stop PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION
UNDER 37 C.F.R. §1.53(b)**

1. This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b).
2. ☒ Specification and Drawings (Total pages: 23);
Specification (15 pages); Claims (3 pages); Abstract (1 page); and
Drawings: 4 sheets; FIGS. 1-4.
☐ Formal
☒ Informal
3. ☒ Declaration and Power of Attorney
☒ Unsigned
☐ Signed
4. Small Entity As Small Business Concern (37 C.F.R. §§1.9(f) & 1.27(c)) is appropriate.
5. Sequence listing
 - a. Paper copy (5 pgs.)
 - b. Electronic copy (1 disk)
 - c. Statement in Support of CRF (1 pg.)

FIRST-NAMED INVENTOR OR
APPLICATION IDENTIFIER: Shimkets
Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

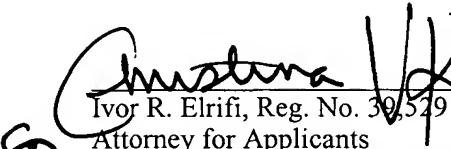
6. Fee Calculation

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$750.00
Total Claims (37 C.F.R. 1.16(c))	25	- 20 =	5	\$ 18.00	90.00
Independent Claims (37 C.F.R. 1.16(b))	10	- 3 =	7	\$84.00	588.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))				\$270.00	0.00
				SUBTOTAL:	\$1,428.00
				Reduction by 50% for filing by small entity:	- \$714.00
				TOTAL FEE:	\$714.00

7. ☒ A check in the amount of \$714.00 is enclosed.
8. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 21402-604:
- ☒ Fees required under 37 C.F.R. §1.16;
 - ☒ Fees required under 37 C.F.R. §1.17;
 - ☒ Fees required under 37 C.F.R. §1.18.
9. ☒ Return Receipt Postcard Enclosed.

Respectfully submitted,

Dated: August 20, 2003


Ivor R. Elrifi, Reg. No. 39,549
Attorney for Applicants
MINTZ, LEVIN, COHN, FERRIS,
GLOVSKY and POPEO, P.C.
One Financial Center
Boston, Massachusetts 02111
Tel: (617) 542-6000
Fax: (617) 542-2241
Customer No. 30623

Christina V. Karmahis, Reg. No. 45,899

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